


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P06000009903</b> 1. Entity Name STAGECOACH STABLES, INC.	
--	---

Principal Place of Business 4107 SW MOORE ST PALM CITY, FL 34990	Mailing Address 4107 SW MOORE ST PALM CITY, FL 34990
--	--

DO NOT WRITE IN THIS SPACE



02012008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4116127	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  CORIGLIANO, ANTHONY R 4107 SW MOORE ST PALM CITY, FL 34990
---

DO NOT WRITE  
IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

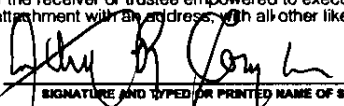
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000921963 05/15/08-80028-007 150.00
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS CORIGLIANO, ANTHONY R 4107 SW MOORE ST PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CORIGLIANO, ANTHONY R 4107 SW MOORE ST PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b> 	<b>Anthony Corigliano</b> <b>PRES.</b>	<b>4-16-08</b>	<b>772-220-7624</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #